

CCS HCS SCS SB 973 -- HEALTH CARE

REGULATION OF HOSPITALS (Sections 197.065 and 536.031, RSMo)

The bill requires the Department of Health and Senior Services to promulgate regulations for the construction and renovation of hospitals that include life safety code standards for hospitals that exclusively reflect the life safety code standards imposed by the federal Medicare program under federal laws and regulations. The bill prohibits the department from requiring a hospital to meet the standards contained in the Facility Guidelines Institute for the Design and Construction of Health Care Facilities, but any hospital that complies with the 2010 or later version of such guidelines for the construction and renovation of hospitals must not be required to comply with any regulation that is inconsistent or conflicts in any way with such guidelines. The department is authorized to waive the enforcement of the standards imposed by these provisions if the department determines that compliance with those specific standards would result in unreasonable hardship for the facility and if the health and safety of hospital patients would not be compromised by the waiver or waivers.

Regulations promulgated by the department to establish and enforce hospital licensure regulations that conflict with the standards established under these provisions must lapse on and after January 1, 2018.

Hospital licensure regulations governing life safety code standards may incorporate by reference later additions or amendments to the rules, regulations, standards, or guidelines as needed to consistently apply current standards of safety and practice.

CERTIFICATE OF NEED (Section 197.315)

Currently, facilities operated by the state are not required to obtain a certificate of need, appropriation of funds to such facilities by the General Assembly are deemed in compliance with certificate of need provisions, and such facilities are deemed to have received an appropriate certificate of need without payment of any fee or charge. The bill requires hospitals operated by the state and licensed under Chapter 197, to obtain a certificate of need and comply with the other provisions of certificate of need except for Department of Mental Health state-operated psychiatric hospitals. Certain types of equipment can still be purchased without a certificate of need.

This provision of the bill has an emergency clause.

PHYSICAL THERAPY LICENSURE COMPACT (Sections 334.1200-334.1233)

The bill establishes this state as a member of a compact to facilitate the interstate practice of physical therapy. The primary purpose of the compact is to preserve the regulatory authority of states to protect public health and safety through the current system of state licensure. The compact will become effective after it has been approved by 10 member states.

The bill outlines specific requirements that a state must complete in order to participate in the compact and that a licensee must adhere to in order to exercise privileges thereunder.

In order to facilitate and coordinate implementation and administration of the compact, the bill establishes the "Physical Therapy Compact Commission." The commission shall:

- (1) Promulgate uniform rules, having the force and effect of laws, to be binding in all member states;
- (2) Be comprised of one delegate from each of the member states, to be selected by the state's licensing board;
- (3) Conduct meetings that are open to the public, except under specific circumstances;
- (4) Pay the reasonable expenses of its establishment, organization and ongoing activities; and
- (5) Provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

Any member state may withdraw from the compact at any time by enacting a statute repealing the compact. Such withdrawal shall take effect six months after the enactment of the repealing statute. In addition to the voluntary removal of a member state, the commission may make a determination that a member state has defaulted in the performance of its obligations or responsibilities under the compact. If the state fails to cure the default, a majority of the member states may vote to remove the state from the compact.

MAINTENANCE MEDICATION (Section 338.202)

This bill requires a health carrier or managed care plan that provides prescription drug coverage in the state to offer medication synchronization services. A health carrier or managed care plan that provides prescription drug coverage shall not charge any amount in excess of the otherwise applicable co-payment for

dispensing a prescription drug in a quantity that is less than the prescribed amount and shall provide a full dispensing fee to the pharmacy that dispenses the prescription drug so long as the terms of the medication synchronization services are met.

PRESCRIPTION EYE DROP REFILLS (Section 376.1237)

Extends the termination date on provisions relating to the refilling of prescription eye drops to January 1, 2020.